

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>6/6/01</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>522</i>	<i>8/10/01</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>1030</i>	<i>1-7-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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*617-02*  
*1-7-02*